

Civil Action No.

3:23-cv-00611

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any)  
was received by me on (date)

2nd Judgment by Defendant  
Delayed Return Receipt  
Delayed Return Receipt  
Shirley Johnson Jr

☐ I personally served the summons on the individual at (place)

on (date)

☐ I left the summons at the individual's residence or usual place of abode with (name)

, a person of suitable age and discretion who resides there,

on (date)

, and mailed a copy to the individual's last known address, or

☐ I served the summons on (name of individual)

designated by law to accept service of process on behalf of (name of organization)

on (date)

; or

☐ I returned the summons unexecuted because

☒ Other (specify):

USPS

Handed upon Defendant's  
Property (not) / and then not  
; or

My fees are \$

for travel and \$

for services, for a total of \$

0.00

I declare under penalty of perjury that this information is true.

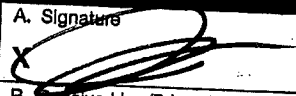
Date:

03/16/2023

Server's signature  
Printed name and title  
5337 W 20th Ave  
Ald  
Server's address  
37013

Additional information regarding attempted service, etc:

Certified Mail # 0021 0950 0000 085 3060  
Return Receipt #

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Sheila Jackson-Jee Rayburn HOB-2019 Washington DC 20515</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from mail label)</p> <p>7021 0950 0000 0285 3060</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail® <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

Civil Action No.

3:23-cv-0094

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) was received by me on (date)

2nd Motion for Judgment by Default  
Delapel Return Receipt  
Delapel Return Receipt  
Sheldahlson Inc

☐ I personally served the summons on the individual at (place)

on (date)

☐ I left the summons at the individual's residence or usual place of abode with (name)

, a person of suitable age and discretion who resides there,

on (date)

, and mailed a copy to the individual's last known address, or

☐ I served the summons on (name of individual)

, who is

designated by law to accept service of process on behalf of (name of organization)

on (date)

; or

☐ I returned the summons unexecuted because

; or

☒ Other (specify):

Served upon defendant via  
USPS Priority Mail / Certified Mail

My fees are \$

for travel and \$

for services, for a total of \$

0.00

I declare under penalty of perjury that this information is true.

Date:

03/16/2023

Server's signature

Printed name and title

5331 NW 2nd Ave  
PMT 10 CH TR 37113

Server's address

Additional information regarding attempted service, etc:

Certified Mail # 7021 0950 0000 0285 3084  
Return Receipt #

9590 97/12-6962 1225 3080 88

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sheila Jackson Lee  
5th Ward Office  
4300 Main Ave  
Houston TX 77002



9590 9402 6962 1225 3080 88

2. Article Number (Transfer from another label)

7027 0000 0285 3084

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Sheila Jackson Lee*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/20/22

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes  
☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt